

file

Form **W-4**
(Rev. January 1983)

Department of the Treasury—Internal Revenue Service

Employee's Withholding Allowance Certificate

OMB No. 1545-0010
Expires 8-31-85

1 Type or print your full name Menona D. Landrum		2 Your social security number [REDACTED]	
Home address (number and street or rural route) 5804 N.E. 90th Ave.,		<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate 3 Marital Status Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box.	
City or town, State, and ZIP code Vancouver, Wa. 98662			
4 Total number of allowances you are claiming (from line F of the worksheet on page 2)		0	
5 Additional amount, if any, you want deducted from each pay		\$	
6 I claim exemption from withholding because (see instructions and check boxes below that apply):			
a <input type="checkbox"/> Last year I did not owe any Federal income tax and had a right to a full refund of ALL income tax withheld, AND		Year	
b <input type="checkbox"/> This year I do not expect to owe any Federal income tax and expect to have a right to a full refund of ALL income tax withheld. If both a and b apply, enter the year effective and "EXEMPT" here			
c If you entered "EXEMPT" on line 6b, are you a full-time student?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Under the penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or if claiming exemption from withholding, that I am entitled to claim the exempt status.			
Employee's signature <i>Menona D. Landrum</i>		Date March 6, 1984	
7 Employer's name and address (Employer: Complete 7, 8, and 9 only if sending to IRS) clark county auditor, 1200 Franklin Vancouver, Wa., 98660		8 Office code	9 Employer identification number 91-6001299

000010

EMPLOYEE UPDATE FORM EFFECTIVE FOR DECEMBER 1990
PLEASE REVIEW INFORMATION BELOW AND MAKE ANY ADJUSTMENT OR
CORRECTION REGARDING THIS AS CURRENT INFORMATION

ALL FORMS ARE TO BE RETURNED TO PAYROLL BY DECEMBER 15, 1990
SPECIAL ATTENTION TO AREAS OF CIVIL RESPONSIBILITY,
SPOUSE AND EMERGENCY CONTACT NEED TO BE UPDATED

EMPLOYEE NAME: LANDRUM, MENONA D. SOCIAL SECURITY#: [REDACTED] SPOUSE'S NAME: LANDRUM, JOE E.

DEPARTMENT NAME: SHERIFF EMERGENCY CONTACT: JOE LANDRUM 892-4830
XXX622XXX05XX

EMPLOYEE ADDRESS	CITY	STATE	ZIP	PHONE
5804 NE 90TH AVE.	VANCOUVER	WA	98661	892-4830

MAR STAT	NO OF DEP	SEX	BIRTHDATE MM/DD/YY	HIREDATE MM/DD/YY	ANNIVER. DATE	P.I.D.	CURRENT STATUS
M Sk	0	F	05/28/28	04/01/71	04/71	07/90	REG

JOB TITLE: GENERAL-LEADWORKER A

JOB CLASS	PSN	BUDGET#	GRADE	STEP	SALARY	HOURLYRATE	INCENTIVE
0952	3022	S028	18C	06	1974.00	11.388	99

DEDUCTION CODES: CIVIL RESPONSIBILITY:

BLO2

RESERVE STATUS:

WDS

BRANCH OF SERVICE:

PREVIOUS MILITARY EXPERIENCE

BRANCH:

DISCHARGE DATE:

RETIREMENT SYSTEM: LEOFF1

SIGNATURE:

Menona D. Landrum

AUGUST 15, 1988

EMPLOYEE
INFORMATION UPDATE
QUESTIONNAIRE

I AM UPDATING ALL EMPLOYEE DATA FOR THE NEW PAYROLL
COMPUTER SYSTEM. PLEASE LOOK OVER THE INFORMATION
LISTED AND IF ANY CHANGES NEED TO BE MADE, INDICATE THE
CORRECT INFORMATION IN RED INK. PLEASE FILL IN SOMEONE
TO CONTACT IN CASE OF EMERGENCY. SIGN AT BOTTOM AND
RETURN TO ME. THANK YOU FOR YOUR COOPERATION. CLAUDIA

PIN: S02B

NAME: LANDRUM, MENONA, D.

ADDRESS: 5804 NE 90TH AVE.

VANCOUVER, WA 98661

PHONE: 892-4830

SOCIAL SECURITY#: [REDACTED]

BIRTHDATE: 05/28/28

EMERGENCY CONTACT: Joe E Landrum

PHONE NUMBER: 699-3000

RELATIONSHIP: Husband

*UNDER GENERAL ORDER #12800.00 OF THE PERSONNEL
REGULATIONS, IT STATES THAT ALL EMPLOYEES MUST
INFORM THE PERSONNEL/PAYROLL CLERK OF ANY CHANGE
IN ADDRESS OR PHONE NUMBER WITHIN 24 HOURS. THIS
REQUIREMENT APPLIES EVEN WHEN A CHANGE IS OF A
TEMPORARY NATURE.

Menora D Landrum
SIGNATURE

0000121

NOTICE OF INTENT TO PARTICIPATE IN INCENTIVE PROGRAM

In accordance with Article XIII, Section III, Paragraph A, of our current labor agreement, I hereby declare my intent to participate in the Incentive Program beginning January 1, 1989 for the 1989 calendar year. I anticipate completing the basic requirements and submitting all the required documents in accordance with the following schedule:

1. WORK EXPERIENCE

- (A) 19 years of service were completed on April 1, 1990.
Documentation will be submitted by Manona D. Landrum.
- (B) _____ years of service will be completed on _____.
Documentation will be submitted by _____.

2. TRAINING & EDUCATION

- (A) Requirements were completed on _____.
Documentation will be submitted by _____.
- (B) Requirements will be completed on _____.
Documentation will be submitted by _____.

3. PERFORMANCE RATING

- (A) Cumulative average is 3 or better for year _____.
Documentation will be submitted by _____.

4. FITNESS TEST

- (A) Requirements were met on _____.
Documentation will be submitted by _____.

Completion of the above requirements will qualify me for Level II (I or II) of the Incentive Program.

I understand that it is my responsibility to complete the requirements and submit the supporting documents on the appropriate forms at least thirty (30) days before participation is scheduled to begin.

DATE: February 14, 1990

SIGNATURE: Manona D. Landrum

Please check off the forms you will need in order to complete your application:

<input type="checkbox"/>	Notice of Intent to Participate
<input type="checkbox"/>	Application for Advance Activity Approval
<input type="checkbox"/>	Fitness Test Report
<input type="checkbox"/>	Proposed Alternate Health Program
<input type="checkbox"/>	Personal History Update
<input checked="" type="checkbox"/>	Application for Incentive Pay
<input type="checkbox"/>	Application for: Prior Training Credit
<input type="checkbox"/>	Application for: Prior Work Experience Credit
<input type="checkbox"/>	Application for: Prior Education Credit

000013

CLARK, CO.
SHERIFFS
FEB 15 8 50 AM '90
FPT.

NOTICE OF ~~CHANCE TO~~ PARTICIPATE IN INCENTIVE PROGRAM
SHERIFF'S DEPT.

In accordance with Article VIII, Section III, Paragraph A, of our current labor agreement, I hereby declare my intent to participate in the Incentive Program beginning January 1, 1989 for the 1989 calendar year. I anticipate completing the basic requirements and submitting all the required documents in accordance with the following schedule:

1. WORK EXPERIENCE

- (A) 17 years of service were completed on April 1, 1988.
 Documentation will be submitted by June 1, 1988.
- (B) _____ years of service will be completed on _____.
 Documentation will be submitted by _____.

2. TRAINING & EDUCATION

- (A) Requirements were completed on June 1, 1988.
 Documentation will be submitted by June 1, 1988.
- (B) Requirements will be completed on _____.
 Documentation will be submitted by _____.

3. PERFORMANCE RATING

- (A) Cumulative average is 3 or better for year _____.
 Documentation will be submitted by June 1, 1988.

4. FITNESS TEST

- (A) Requirements were met on _____.
 Documentation will be submitted by _____.

Completion of the above requirements will qualify me for Level II (I or II) of the Incentive Program.

I understand that it is my responsibility to complete the requirements and submit the supporting documents on the appropriate forms at least thirty (30) days before participation is scheduled to begin.

DATE: February 1, 1988

SIGNATURE: Maxons A. Sanderson

Please check off the forms you will need in order to complete your application:

 Notice of Intent to Participate

 Application for Advance Activity Approval

 Fitness Test Report

 Proposed Alternate Health Program

 Personal History Update

 Application for Incentive Pay

 Application for: Prior Training Credit

 Application for: ~~000014~~ Work Experience Credit

 Application for: Prior Education Credit



Clark County
DISABILITY BOARD

Room 109
1200 Franklin St.
P.O. Box 5000
Vancouver, WA 98668
(206) 699-2456

APPLICATION FOR MEDICAL BENEFITS
NOT INCLUDED UNDER ANY INSURANCE COVERAGE

The undersigned employee of CLARK COUNTY SHERIFF'S OFFICE hereby makes application to the Disability Board of Clark County, Washington for payment of medical services provided the applicant which are not payable under any other coverage available and are covered by Washington Laws, 1969, First Extra Session, Chapter 209, Section 15.

NAME OF APPLICANT: Menona D. Landrum AGE: 59

ADDRESS: 5804 N.E. 90th Ave., Vancouver, Wa. 98662

History of injury or disease for which the application is filed (Attach health care professional's diagnosis and prognosis):

*1) status post interbody fusion L4-L5 for
herniated nucleus pulposus;
2) basilar, B
Pr: quadded*

Date of treatment: 10-10-87

Total cost of treatment: \$185.00

Amount paid from insurance, pension or other sources: \$100.00
(Attach documentation) bill and Blue Cross process claim attach

Amount not covered from other insurance, pension, and so forth: \$85.00

ATTACH ALL BILLS FOR TREATMENT RELATIVE TO THIS CLAIM. These must be itemized showing the treatment provided ("Balance Forward" bills are unacceptable) and, when applicable, the type of drug prescribed.

I have health care insurance with:

<u>Kaiser Permanente</u>	Group No. _____
xxxx <u>Blue Cross</u>	Group No. <u>2028</u>
<u>Washington Physicians Service</u>	Group No. _____
<u>Clark County Physicians Service</u>	Group No. _____
<u>Portland Metro Health</u>	Group No. _____
<u>Medicare</u>	Plan A _____ Plan B _____
Other: <u>Blue Cross of Or</u>	Group No. <u>47087</u>

(family member under Joe E. Landrum
my husband)

Menona D. Landrum
Signature of Applicant

Date 11-16-87

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